

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10812205

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP.	IND	DEP.	IND	DEP.
1						
2						
3						
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34						
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP.	IND	DEP.	IND	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						